



# New England High Intensity Drug Trafficking Area

## Course Enrollment Registration Form

**(Please fill out completely!)**

Course Name:	<b>Successful Gangs Investigations Techniques</b>	Date(s)	<b>June 16, 2011</b>
Location:	<b>NEHIDTA Training Room , 13 Branch St., Suite 9, Methuen, MA 01844</b>		

First Name	Arrest Authority: <b>Social Security #- last 4 digits only</b>		
Last Name	<input type="radio"/> YES <input type="radio"/> NO <b>email</b> <input type="text"/>		
M.I.			

Parent Agency (What agency signs your check? Spell Out)	Your Rank/Title-Spell Out. ( If none , type none)
<input type="text"/>	<input type="text"/>

Job Mailing Address-(Spell out)	Phone Number
Agency <input type="text"/>	<input type="text"/>
Address <input type="text"/>	FAX Number <input type="text"/>
City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/> Other Number <input type="text"/>

Does your Agency participate in a HIDTA Initiative?		Parent Agency is: <input type="text"/>
<input type="radio"/> Yes	Initiative Name <input type="text"/>	

### Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
Rank/Title:	Title: <input type="text"/>
Agency and Address:	Telephone: <input type="text"/>

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.  
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**  
**A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.**